



POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>Wetzel</i>	<i>2/13/69</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>71435</i>	<i>12/15/69</i>
FORMALITY REVIEW			<i>9/22/69</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
..... Allowed I Interference
(Through numeral)..... Canceled A Appeal
- Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	12/13/69
2	✓	✓	12/13/69
3	✓	✓	12/13/69
4	✓	✓	12/13/69
5	✓	✓	12/13/69
6	✓	✓	12/13/69
7	✓	✓	12/13/69
8	✓	✓	12/13/69
9	✓	✓	12/13/69
10	✓	✓	12/13/69
11	✓	✓	12/13/69
12	✓	✓	12/13/69
13	✓	✓	12/13/69
14	✓	✓	12/13/69
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
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